



## Office of Congresswoman Jackie Speier

### Immigration Privacy Release Form

Return to:  
Congresswoman Jackie Speier  
400 S. El Camino Real, Suite 750  
San Mateo, CA 94402  
Phone: (650) 342-0300  
Fax: (650) 375-8270

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address at time of filing (if different): \_\_\_\_\_  
\_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Alien Registration Number (A#): \_\_\_\_\_

Receipt Number (i.e. WAC#): \_\_\_\_\_

Priority Date: \_\_\_\_\_ Date of last fingerprints: \_\_\_\_\_

#### Form Filed:

\_\_\_\_ I-129 ( ) \_\_\_\_ I-485 \_\_\_\_ I-824 \_\_\_\_ N-600 \_\_\_\_ I-600 \_\_\_\_ I-130 \_\_\_\_ I-526

\_\_\_\_ N-400 \_\_\_\_ N-643 \_\_\_\_ I-600A \_\_\_\_ I-140 \_\_\_\_ I-539 \_\_\_\_ N-565 \_\_\_\_ G-639

\_\_\_\_ I-131 \_\_\_\_ I-751 \_\_\_\_ I-765 \_\_\_\_ I-601 \_\_\_\_ I-612 \_\_\_\_ I-90 \_\_\_\_ I-485

\_\_\_\_ Labor Certification \_\_\_\_ Other (specify): \_\_\_\_\_

Where form filed: \_\_\_\_\_

Where case currently pending: \_\_\_\_\_

Last action by the CIS: \_\_\_\_\_

\* Please attach an I-797 Receipt Notice and other relevant documentation

*Continued on next page.*

*Private and Confidential*



## Office of Congresswoman Jackie Speier

*Continued from first page.*

Have you contacted another Congressional office? If so, whose? \_\_\_\_\_

Please list any other individuals you give us permission to speak to about your case:

\_\_\_\_\_

Brief description of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with the provisions of the Privacy Act, I hereby authorize Congresswoman Jackie Speier and her staff to make inquiries on my behalf and to receive confidential information in their efforts to assist me in resolving a federal agency matter.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Private and Confidential*